



Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

May 22, 2006

William D. Baker
Director
Julian F. Keith Alcohol and Drug Abuse Treatment
Center
201 Tabernacle Road
Black Mountain, NC 28711

Joint Commission ID #: 3377
Accreditation Activity: Unannounced Full
Survey
Accreditation Activity Completed: 5/4/2006

Dear Mr. Baker:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

With that goal in mind, your organization received Requirement(s) for Improvement during its recent survey. These requirements have been summarized in the Accreditation Report provided by the survey team that visited your organization.

Please be assured that once your organization's Accreditation Report is available, the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Please visit [Quality Check®](#) on the Joint Commission web site for updated information related to your accreditation decision.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation and Certification Operations



Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

Julian F. Keith Alcohol and Drug Abuse Treatment Center
201 Tabernacle Road
Black Mountain, NC 28711

Organization Identification Number: 3377

Date(s) of Survey: 5/2/2006 - 5/4/2006

PROGRAM(S)

Behavioral Health Care Accreditation Program

SURVEYOR(S)

Kenneth D. Arney, MSW

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit Evidence of Standards Compliance (ESC) within 45 days from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Assessment and Care/Services

Standard: PC.4.20

Program: BHC

Standard Text: The care, treatment, and services planned are appropriate to the client's assessed needs.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : B

1. The client's needs are identified based on information from the assessment.

Surveyor Findings

EP 1

Observed in the men's residential program at the main site.

The client had significant issues with pain management which may have been a factor in the relapse that led to this admission. The problem was identified and assessed but not addressed in the treatment plan.

Observed in the men's residential program at the main site.

The client identified anger management as a major issue, which staff confirmed is a focus of treatment but it is not addressed in the treatment plan.

Observed in the women's residential program at the main site.

The assessment reflected that one of the client's needs is to regain custody of her children. This was not addressed in the treatment plan.

Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Communication

Standard: PC.15.30

Program: BHC

Standard Text: When clients are transferred or discharged, appropriate information related to the care, treatment, and services provided is exchanged with other service providers.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : C

2. The information shared includes the following, as appropriate to the care, treatment, and services provided:

The reason for transfer or discharge

Relevant biopsychosocial status at transfer or discharge

A summary of care, treatment, and services provided and progress toward goals

Community resources or referrals provided to the client

Surveyor Findings

EP 2

Observed in the men's program at the main site.

At the time of transfer from the detox unit to the residential program a transfer note was in the record but it did not include the relevant biopsychosocial status or a summary of care.

Observed in the women's program at the main site.

At the time of transfer from the detox unit to the residential program a transfer note was in the record but it did not include the relevant biopsychosocial status or a summary of care.

Standard: HR.4.50

Program: BHC

Standard Text: Clinical responsibilities are reviewed and revised at least every two years.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

8. The reappraisal addresses current competence and includes the following:

Confirmation of adherence to organization policies and procedures, rules, or regulations

Relevant information from organization performance improvement activities when evaluating professional performance, judgment, and clinical or technical skills, when available

Any results of review of the person's clinical performance

Clinical performance in the organization that is outside acceptable standards

Relevant education, training, and experience, if changed since initial responsibilities

Accreditation Survey Findings

Requirement(s) for Improvement

Standard: HR.4.50

Program: BHC

Standard Text: Clinical responsibilities are reviewed and revised at least every two years.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Verification of current licensure, including all actions against the license

A statement that the person can perform the care, treatment, and services he or she has been providing

Evaluation of restrictions on clinical responsibilities or privileges at a hospital(s) or other health care organization(s)

For physicians, a query of the NPDB for information on adverse clinical responsibility or privilege actions taken by a behavioral health care entity

Surveyor Findings

EP 8

Observed in competency assessment session at the main site.

One physician file did not have information from the NPDB at the time of renewal of privileges.

Accreditation Survey Findings

Requirement(s) for Improvement

These are the Requirements for Improvement related to the Primary Priority Focus Area:

Orientation & Training

Standard: APR 17

Program: BHC

Standard Text: The organization educates its staff that any employee who has concerns about the safety or quality of care provided in the organization may report these concerns to the Joint Commission.

Secondary Priority Focus Area(s): N/A

Element(s) of Performance

Scoring Category : A

1. The organization educates its staff that any employee who has concerns about the safety or quality of care provided in the organization may report these concerns to the Joint Commission.

Scoring Category : A

2. The organization further informs its staff that it will take no disciplinary action because an employee reports safety or quality of care concerns to the Joint Commission.

Surveyor Findings

EP 1

Observed in staff interviews at every site.

Staff indicate they have not received education that employees may report safety or quality concerns to JCAHO.

EP 2

Observed in staff interviews at every site.

Staff indicate they have not been educated that the organization will take no disciplinary action because an employee reports safety or quality concerns to JCAHO.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Communication

Standard: PC.15.20

Program: BHC

Standard Text: The transfer or discharge of a client to another level of care, treatment, and services, different professionals, or different settings is based on the client's assessed needs and the organization's capabilities.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : C

9. Discharge instructions in a form the client can understand are given to the client and/or those responsible for providing continuing care.

Surveyor Findings

EP 9

Observed in the women's program at the main site.

The woman's discharge instructions did not appear to include the recommendations from several disciplines which are captured on the critical care form.

Observed in all programs at the main site.

Staff discussion identified some different understanding about the use of the critical care form as a part of the discharge instructions and some apparent variations in practice. The use of the form is not discussed in the organization's procedures. This information from several different disciplines about actions to take to continue recovery needs to be consistently included in the instructions provided to the client at the time of discharge.

Supplemental Findings

These are the Supplemental Findings related to the Primary Priority Focus Area of:

Staffing

Standard: HR.3.10

Program: BHC

Standard Text: Competence to perform job responsibilities is assessed, demonstrated, and maintained.

Secondary Priority Focus Area(s) N/A

Element(s) of Performance

Scoring Category : B

1. The competence assessment process for staff, students, and volunteers who work in the same capacity as staff providing care, treatment, and services is based on the following: Populations served

Surveyor Findings

EP 1

The evaluation process for staff is not structured to focus on competency with the population served but instead relies on the supervisor to document it in the narrative. In the files reviewed, this competency was always implied but not consistently documented.
